

ROUTING AND TRANSMITTAL SLIP

Date

16/7

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. DC/Ops	17 JU	1980
2. C/DRD	17/7	8
3. C/FCS	15/7	9
4. C/ED&SS	21/7	8
5. Ops - file		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
C/Ops	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA
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